11963

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Coates
4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1951
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH December 25 1951
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 12 hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Prince Frederick, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Randall
14. MOTHER'S MAIDEN NAME Mary Ellen Coates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mary Ellen Coates. Paris Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) unknown

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/25, 1951 to 12/25, 1951, that I last saw the deceased alive on 12/25, 1951, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE D Weeks (Degree or title) ADDRESS Huntingtown DATE SIGNED 12/27/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-27-51
NAME OF CEMETERY OR CREMATORY Mt. Hope
LOCATION (City, town, or county) Sunderland (State) Md.
DATE REC'D BY LOCAL REG. 12-27-51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P.E. Sewell, ADDRESS Prince Frederick Md.

20(12)25(51)131282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 12754

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 324 Fourth Street, N. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WALTER	C.	GLASS	December 30 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White			5 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		unk.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unk.	unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		unk

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

795.5 200 b

Immediate cause (a) Undetermined (only skeletal remains)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stanley K. Dunbaugh		700 Fleet St., Baltimore 2, Md.	Jan. 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2/18/52	Balto. City Morgue	700 Fleet St.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-52	City Health - LL		

Cremated at Morgue 2-18-52 at 10 20 AM

VS. A15A

11964

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ches. Beach
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (MYRTLE)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ches Beach Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mattie (Middle) Coates (Last) Jones
4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 1951

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 4/7/1928
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John W Coates
14. MOTHER'S MAIDEN NAME Nettie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Nettie Coates

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage from	
982X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) stab wound over heart	5 min
167	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road (CITY OR TOWN) Ches Beach (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 12/22/51 4:15 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stabbed by Husband

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. W. Ward (Degree or title) D.M.E., M.D. ADDRESS Irving DATE SIGNED Md 12/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-24-51
NAME OF CEMETERY OR CREMATORY St Edmonds.
LOCATION (City, town, or county) Calvert Co. (State) Md

DATE REC'D BY LOCAL REG. 12/23/51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md

720-826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
DEC 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11965

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eugenia (Middle) (Last) Norfolk

4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 1951

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH April 14 1891

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eugene B. Welborne

14. MOTHER'S MAIDEN NAME Sarah Stuart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Elaine Williams - Chesapeake Beach Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophic heart

(c)

INTERVAL BETWEEN ONSET AND DEATH

4343

95C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Dec 18, 1951, that I last saw the deceased alive on Dec 17, 1951, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams ADDRESS St Leman DATE SIGNED 12/18

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12-20-51

NAME OF CEMETERY OR CREMATORY Paynes

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 12-18-51

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P.E. Sewell, Prince Frederick, Md ADDRESS

693-888

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 21 1951
U. S.
BUREAU

11966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. √ √

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash DC — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 811 Crytlendon √

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Jane (Last) Schuyler
4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1951
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Oct 13 1868
9. AGE last birthday 83 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Clark
14. MOTHER'S MAIDEN NAME Lucy Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Paul Porter, W. Beach Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute dilatation of Heart — 20 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 422.1 93d
(b) Chronic myocarditis — 5 yrs
(c) Arteriosclerosis — 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9, 1951, to 12/10, 1951, that I last saw the deceased alive on 12/10, 1951, and that death occurred at 10.05 A m., from the causes and on the date stated above.

SIGNATURE Howard Irving (Degree or title) ADDRESS Md — DATE SIGNED 12/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF Dec 13 1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Orange (State) Va

DATE REC'D BY LOCAL REG. Dec. 10, 1951 — REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm H. Hutchins — ADDRESS Orange

770-836

VS-A15

RECEIVED
DEC 19 1951
BUREAU V. S.

11967

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ches. Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris
STREET ADDRESS Md (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Calvin (Middle) (Last) Thomas
4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 1951
5. SEX M
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 12/4/26
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Defense
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Benj. Thomas
14. MOTHER'S MAIDEN NAME Leander Creek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-22-0826
17. INFORMANT AND ADDRESS Leander Creek, Paris, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from knife

982X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stab wound — 5 min

167 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fight

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road (CITY OR TOWN) Ches. Beach (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 12/22/51 4:17 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Knife stab Fight

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. Ward, M.D., D.M.E. (Degree or title) ADDRESS Owing Md DATE SIGNED 12/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-24-51
NAME OF CEMETERY OR CREMATORY Carters Chapel
LOCATION (City, town, or county) A.A. Co. (State) Md

DATE REC'D BY LOCAL REG. 12/23/51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince Frederick Md ADDRESS

970-VVV

M

I

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11968

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 20 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Brenda (Middle) Lee (Last) Tyler

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 9-28-1951 | 9. AGE last birthday: yrs. | If under 1 year: Months 2 Days 21 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? Calvert.

13. FATHER'S NAME: Enoch Taylor Jr | 14. MOTHER'S MAIDEN NAME: Doris Wills.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Doris Tyler. Dunkirk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18/51, to 12/18/51, that I last saw the deceased alive on 12/18/51, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] St Leonard, 12/18

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12-21-51 | NAME OF CEMETERY OR CREMATORY: Youngs Chapel | LOCATION (City, town, or county) (State): Calvert Co. Md.

DATE REC'D BY LOCAL REG.: 12-24-51 | REGISTRAR'S SIGNATURE: H. W. Ward | 24. FUNERAL DIRECTOR ADDRESS: P. E. Sewell Prince Frederick Md

4092 8 $1182-356

RECEIVED
DEC 27 1951
BUREAU V. S.